



PROPOSED RULE MAKING

CR-102 (June 2004)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making**Agency:** Department of Labor and Industries

- ☒ **Preproposal Statement of Inquiry was filed as WSR 08-01-111 ; or**
☐ **Expedited Rule Making--Proposed notice was filed as WSR _____; or**
☐ **Proposal is exempt under RCW 34.05.310(4).**

- ☒ **Original Notice**
☐ **Supplemental Notice to WSR _____**
☐ **Continuance of WSR _____**

Title of rule and other identifying information: (Describe Subject)

Medical Aid Rules – Massage Therapy Maximum Daily Fees: WAC 296-20-250

Hearing location(s):Dept of Labor & Industries
7273 Linderson Way SW
Tumwater WA 98501Date: March 26, 2008 Time: 1:00 PM**Submit written comments to:**Name: Tom Davis
Address: PO Box 44322
Olympia, WA 98504-4322
e-mail dato235@LNI.wa.gov
fax (360) 902-4249 by (date) April 2, 2008**Assistance for persons with disabilities:** ContactTom Davis by March 19, 2008TTY (360) 902-5797 or fax (360) 902-4249**Date of intended adoption:** April 22, 2008(Note: This is **NOT** the **effective** date)**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The purpose of the rule is to update the department's payment rates for health care services by:

Setting the maximum daily payment level for massage therapy services to 75% of the PT/OT cap.

Reasons supporting proposal: This rule will provide medical aid updates regarding rate setting for massage therapy services for injured workers.**Statutory authority for adoption:**

RCW 51.04.020 (1) and 51.04.030

Statute being implemented:

RCW 51.36.080

Is rule necessary because of a:

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, CITATION:

DATE

February 19, 2008

NAME (type or print)

Judy Schurke

SIGNATURE**TITLE** Director**CODE REVISER USE ONLY**OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED**DATE:** February 19, 2008**TIME:** 8:29 AM**WSR 08-05-103**

(COMPLETE REVERSE SIDE)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

The proposed rate change is expected to reduce the department's liability by approximately \$800,000 in fiscal year 2009.

Name of proponent: (person or organization)

Department of Labor and Industries

- ☐ Private
☐ Public
☐ Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting..... Tom Davis	Tumwater, WA	(360) 902-6687
Implementation....Robert Malooly, Assistant Director	Tumwater, WA	(360) 902-4209
Enforcement..... Robert Malooly, Assistant Director	Tumwater, WA	(360) 902-4209

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

☐ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

☒ No. Explain why no statement was prepared.

This rule adoption is exempt under RCW 34.05.328 (5) (b), (vi) and RCW 19.85.025 (3).

Is a cost-benefit analysis required under RCW 34.05.328?

☐ Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

☒ No: Please explain:

RCW 34.05.328 does not apply because the content of this rule is explicitly dictated by statute and fits within the exceptions listed in RCW 34.05.328 (5) (b) (vi).